

CHOATE DEVELOPMENTAL CENTER

1000 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers

Facility ID 8000020
Health Service Area 005
Planning Service Area 181

Administrator

CHERYL MUCKLEY

Contact Person and Telephone

CATHY AKINS
618-833-5161 x2200

Date Completed 4/18/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	168
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	168

Total Residents Diagnosed as Mentally Ill 115

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	44
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	29
Intermediate DD	194	170	170	168	168	26		194	Residents on 12/31/2012	168
Sheltered Care	0	0	0	0	0	0			Identified Offenders	12
TOTAL BEDS	194	170	170	168	168	26	0	194		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			40599	57.3%	0	0	0	8377	48976	69.2%	78.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	40599	57.3%	0	0	0	8377	48976	69.2%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	76	13	0	0	76	13	89
45 to 59	0	0	0	0	45	16	0	0	45	16	61
60 to 64	0	0	0	0	6	4	0	0	6	4	10
65 to 74	0	0	0	0	7	1	0	0	7	1	8
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	134	34	0	0	134	34	168

CHOATE DEVELOPMENTAL CENTER

1000 NORTH MAIN STREET

ANNA, IL. 62906

Reference Numbers Facility ID 8000020

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		138	0	0	0	30	168
Sheltered Care			0	0	0	0	0
TOTALS	0	138	0	0	0	30	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	706	706
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	38	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	130	0	130
Race Unknown	0	0	0	0	0
Total	0	0	168	0	168

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	163	0	163
Ethnicity Unknown	0	0	0	0	0
Total	0	0	168	0	168

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	14.00
LPN's	5.00
Certified Aides	0.00
Other Health Staff	222.00
Non-Health Staff	84.00
Totals	334.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.4%	92.9%	0.0%	0.0%	5.7%	100.0%		43.1%
187,700	12,767,400	0	0	781,300	13,736,400	5,916,340	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

SHAPIRO MH & DEV CENTER

100 EAST JEFFERY STREET
KANKAKEE, IL. 60901

Reference Numbers

Facility ID 8000015
Health Service Area 009
Planning Service Area 091

Administrator

Ira L. Collins

Contact Person and Telephone

Lynne C. Gund
815-939-8298

Date Completed 4/19/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	552
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	552

**Total Residents Diagnosed as
Mentally Ill**

284

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	552
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	32
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	32
Intermediate DD	800	600	554	600	552	248		0	Residents on 12/31/2012	552
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	800	600	554	600	552	248	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Beds	Set Up
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			196734	#Div/0!	0	0	732	0	197466	67.6%	90.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	196734	0.0%	0	0	732	0	197466	67.6%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	88	42	0	0	88	42	130
45 to 59	0	0	0	0	172	71	0	0	172	71	243
60 to 64	0	0	0	0	38	25	0	0	38	25	63
65 to 74	0	0	0	0	49	40	0	0	49	40	89
75 to 84	0	0	0	0	10	8	0	0	10	8	18
85+	0	0	0	0	4	5	0	0	4	5	9
TOTALS	0	0	0	0	361	191	0	0	361	191	552

SHAPIRO MH & DEV CENTER

100 EAST JEFFERY STREET

KANKAKEE, IL. 60901

Reference Numbers Facility ID 8000015

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		550	0	0	2	0	552
Sheltered Care			0	0	0	0	0
TOTALS	0	550	0	0	2	0	552

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	577	577
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	4	0	4
Black	0	0	127	0	127
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	395	0	395
Race Unknown	0	0	24	0	24
Total	0	0	552	0	552

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	25	0	25
Non-Hispanic	0	0	527	0	527
Ethnicity Unknown	0	0	0	0	0
Total	0	0	552	0	552

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	7.60
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	37.00
Certified Aides	701.00
Other Health Staff	114.10
Non-Health Staff	160.60
Totals	1069.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.4%	91.7%	0.0%	0.0%	8.0%	100.0%		0.0%
193,300	46,308,400	0	0	4,023,400	50,525,100	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MABLEY DEVELOPMENTAL CENTER

1120 WASHINGTON AVE
DIXON, IL. 61021

Reference Numbers

Facility ID 8000012
Health Service Area 001
Planning Service Area 103

Administrator

Tiffany Bailey

Contact Person and Telephone

Melissa Reynolds
815-288-8337

Date Completed 4/16/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	103
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

**Total Residents Diagnosed as
Mentally Ill**

88

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	87
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	20
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	4
Intermediate DD	119	119	103	103	103	16		0	Residents on 12/31/2012	103
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	119	119	103	103	103	16	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			33558	#Div/0!	0	0	0	0	33558	77.3%	77.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	33558	0.0%	0	0	0	0	33558	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	26	9	0	0	26	9	35
45 to 59	0	0	0	0	41	18	0	0	41	18	59
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	72	31	0	0	72	31	103

MABLEY DEVELOPMENTAL CENTER

1120 WASHINGTON AVE

DIXON, IL. 61021

Reference Numbers Facility ID 8000012

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		103	0	0	0	0	103
Sheltered Care			0	0	0	0	0
TOTALS	0	103	0	0	0	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	671	671
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	9	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	93	0	93
Race Unknown	0	0	0	0	0
Total	0	0	103	0	103

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	98	0	98
Ethnicity Unknown	0	0	0	0	0
Total	0	0	103	0	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.50
Director of Nursing	0.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	0.00
Other Health Staff	117.80
Non-Health Staff	10.00
Totals	148.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.3%	99.7%	0.0%	0.0%	0.0%	100.0%		0.0%
19,200	5,588,750	0	0	0	5,607,950	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

FOX DEVELOPMENTAL CENTER

134 WEST MAIN STREET
DWIGHT, IL. 60420

Reference Numbers

Facility ID 8000006
Health Service Area 004
Planning Service Area 105

Administrator

Cheryl Winnicki

Contact Person and Telephone

KAREN STAM
(815) 584-3347 ext 227

Date Completed 4/11/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	118
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 23

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	115
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	13
Intermediate DD	167	212	212	118	118	49		0	Residents on 12/31/2012	118
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	167	212	212	118	118	49	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ.	Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			42252	#Div/0!	34772	0	0	0	77024	126.4%	99.5%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	0	0.0%	42252	0.0%	34772	0	0	0	77024	126.4%	99.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	13	16	0	0	13	16	29
45 to 59	0	0	0	0	46	29	0	0	46	29	75
60 to 64	0	0	0	0	2	3	0	0	2	3	5
65 to 74	0	0	0	0	3	5	0	0	3	5	8
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	64	54	0	0	64	54	118

FOX DEVELOPMENTAL CENTER

134 WEST MAIN STREET

DWIGHT, IL. 60420

Reference Numbers Facility ID 8000006

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		118	0	0	0	0	118
Sheltered Care			0	0	0	0	0
TOTALS	0	118	0	0	0	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	679	679
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	104	0	104
Race Unknown	0	0	1	0	1
Total	0	0	118	0	118

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	114	0	114
Ethnicity Unknown	0	0	0	0	0
Total	0	0	118	0	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	15.00
Physicians	3.00
Director of Nursing	2.00
Registered Nurses	14.00
LPN's	10.40
Certified Aides	96.00
Other Health Staff	25.00
Non-Health Staff	56.20
Totals	221.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.2%	90.9%	8.9%	0.0%	0.0%	100.0%		0.0%
27	10,941	1,074	0	0	12,042	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

LUDEMAN DEVELOPMENTAL CENTER

114 NORTH ORCHARD DRIVE
PARK FOREST, IL. 60466

Reference Numbers

Facility ID 8000010
Health Service Area 007
Planning Service Area 705

Administrator

Glenda Corbett

Contact Person and Telephone

JACKIE AMELSE
708-283-3162

Date Completed 4/11/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	416
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	416

**Total Residents Diagnosed as
Mentally Ill**

273

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	410
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	33
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	27
Intermediate DD	510	428	416	428	416	94		0	Residents on 12/31/2012	416
Sheltered Care	0	0	0	0	0	0			Identified Offenders	2
TOTAL BEDS	510	428	416	428	416	94	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			145370	#Div/0!	4138	0	0	0	149508	80.3%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	145370	0.0%	4138	0	0	0	149508	80.3%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	97	40	0	0	97	40	137
45 to 59	0	0	0	0	176	73	0	0	176	73	249
60 to 64	0	0	0	0	15	8	0	0	15	8	23
65 to 74	0	0	0	0	0	6	0	0	0	6	6
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	289	127	0	0	289	127	416

LUDEMAN DEVELOPMENTAL CENTER

114 NORTH ORCHARD DRIVE

PARK FOREST, IL. 60466

Reference Numbers Facility ID 8000010

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		407	9	0	0	0	416
Sheltered Care			0	0	0	0	0
TOTALS	0	407	9	0	0	0	416

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	4	0	4
Amer. Indian	0	0	0	0	0
Black	0	0	172	0	172
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	240	0	240
Race Unknown	0	0	0	0	0
Total	0	0	416	0	416

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	395	0	395
Ethnicity Unknown	0	0	0	0	0
Total	0	0	416	0	416

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	7.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	20.00
Certified Aides	428.00
Other Health Staff	6.00
Non-Health Staff	186.00
Totals	679.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	92.2%	0.0%	0.0%	7.7%	100.0%		0.0%
28,000	35,110,600	0	0	2,933,900	38,072,500	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

KILEY DEVELOPMENTAL CENTER

1401 WEST DUGDALE
WAUKEGAN, IL. 60085

Reference Numbers

Facility ID 8000008
Health Service Area 008
Planning Service Area 097

Administrator

Waverly Robinson

Contact Person and Telephone

DOROTHY MCCAFFREY
847-249-0600 x356

Date Completed 4/3/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	209
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	209

**Total Residents Diagnosed as
Mentally Ill**

77

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	209
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	9
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	9
Intermediate DD	480	209	209	209	209	271		0	Residents on 12/31/2012	209
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	480	209	209	209	209	271	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			76285	#Div/0!	0	0	0	0	76285	43.5%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	76285	0.0%	0	0	0	0	76285	43.5%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	33	18	0	0	33	18	51
45 to 59	0	0	0	0	90	29	0	0	90	29	119
60 to 64	0	0	0	0	10	6	0	0	10	6	16
65 to 74	0	0	0	0	10	8	0	0	10	8	18
75 to 84	0	0	0	0	3	1	0	0	3	1	4
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	147	62	0	0	147	62	209

KILEY DEVELOPMENTAL CENTER

1401 WEST DUGDALE

WAUKEGAN, IL. 60085

Reference Numbers Facility ID 8000008

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		209	0	0	0	0	209
Sheltered Care			0	0	0	0	0
TOTALS	0	209	0	0	0	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	382	382
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	22	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	184	0	184
Race Unknown	0	0	0	0	0
Total	0	0	209	0	209

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	15	0	15
Non-Hispanic	0	0	194	0	194
Ethnicity Unknown	0	0	0	0	0
Total	0	0	209	0	209

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	3.20
Director of Nursing	1.00
Registered Nurses	23.50
LPN's	1.00
Certified Aides	244.50
Other Health Staff	8.80
Non-Health Staff	110.00
Totals	408.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.5%	89.5%	0.0%	0.0%	10.0%	100.0%		0.0%
100,400	19,294,000	0	0	2,151,600	21,546,000	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MURRAY MH & DEV CENTER

1535 WEST MCCORD
CENTRALIA, IL. 62801

Reference Numbers

Facility ID 8000014
Health Service Area 011
Planning Service Area 027

Administrator

JAMIE VEACH

Contact Person and Telephone

RICK STARR
618-532-1811

Date Completed 4/2/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	0
Developmental Disability	261
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	261

**Total Residents Diagnosed as
Mentally Ill**

0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	276
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2012	4
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	19
Intermediate DD	372	372	277	372	261	111		0	Residents on 12/31/2012	261
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	372	372	277	372	261	111	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			97279	#Div/0!	0	0	0	0	97279	71.6%	71.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	97279	0.0%	0	0	0	0	97279	71.6%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	69	28	0	0	69	28	97
45 to 59	0	0	0	0	82	48	0	0	82	48	130
60 to 64	0	0	0	0	12	9	0	0	12	9	21
65 to 74	0	0	0	0	5	7	0	0	5	7	12
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	168	93	0	0	168	93	261

MURRAY MH & DEV CENTER

1535 WEST MCCORD

CENTRALIA, IL. 62801

Reference Numbers Facility ID 8000014

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		261	0	0	0	0	261
Sheltered Care			0	0	0	0	0
TOTALS	0	261	0	0	0	0	261

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	33	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	225	0	225
Race Unknown	0	0	2	0	2
Total	0	0	261	0	261

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	259	0	259
Ethnicity Unknown	0	0	0	0	0
Total	0	0	261	0	261

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	2.10
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	16.00
Certified Aides	313.00
Other Health Staff	8.00
Non-Health Staff	124.00
Totals	503.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	26,316,200	0	0	0	26,316,200	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MCFARLAND MENTAL HEALTH CENTER

901 SOUTHWIND ROAD
SPRINGFIELD, IL. 62703

Reference Numbers

Facility ID 8000011
Health Service Area 003
Planning Service Area 167

Administrator

Karen Schweighart

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/11/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	106
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	140	108	108	106	106	34	0	0	Total Admissions 2012	606
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	602
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	106
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	140	108	108	106	106	34	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5800	0.0%	378	0.0%	21898	0	9995	0	38071	74.5%	96.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5800	0.0%	378	0.0%	21898	0	9995	0	38071	74.5%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	26	0	0	0	0	0	0	37	26	63
45 to 59	28	9	0	0	0	0	0	0	28	9	37
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	67	39	0	0	0	0	0	0	67	39	106

MCFARLAND MENTAL HEALTH CENTER

901 SOUTHWIND ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 8000011

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	25	34	3	1	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	25	34	3	1	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	671
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	24.00
Physicians	10.00
Director of Nursing	1.00
Registered Nurses	34.50
LPN's	0.00
Certified Aides	71.00
Other Health Staff	13.00
Non-Health Staff	62.00
Totals	215.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.2%	0.0%	73.3%	0.0%	0.6%	100.1%		0.0%
4,962,500	-12,300	13,861,100	0	109,300	18,920,600	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

MADDEN MENTAL HEALTH CENTER

1200 SOUTH FIRST AVENUE
HINES, IL. 60141

Reference Numbers

Facility ID 8000013
Health Service Area 007
Planning Service Area 704

Administrator

Edith Newman

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/8/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	149
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	149

**Total Residents Diagnosed as
Mentally Ill**

149

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	135
Nursing Care	173	156	156	156	149	24	0	0	Total Admissions 2012	3596
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	3582
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	149
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	173	156	156	156	149	24	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	335	0.0%	96	0.0%	49907	0	0	0	50338	79.7%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	335	0.0%	96	0.0%	49907	0	0	0	50338	79.7%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	62	30	0	0	0	0	0	0	62	30	92
45 to 59	33	18	0	0	0	0	0	0	33	18	51
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	97	52	0	0	0	0	0	0	97	52	149

MADDEN MENTAL HEALTH CENTER

1200 SOUTH FIRST AVENUE

HINES, IL. 60141

Reference Numbers Facility ID 8000013

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	149	0	0	0	149
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	149	0	0	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	671
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	2	0	0	0	2
Total	149	0	0	0	149

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	24.70
Director of Nursing	2.00
Registered Nurses	56.00
LPN's	10.00
Certified Aides	0.00
Other Health Staff	93.00
Non-Health Staff	84.00
Totals	289.70

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.3%	3.7%	96.0%	0.0%	0.1%	100.0%		0.0%
88,200	1,087,100	28,558,200	0	18,600	29,752,100	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

ELGIN MENTAL HEALTH CENTER

750 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers

Facility ID 8000005
Health Service Area 008
Planning Service Area 089

Administrator

Paul Brock

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/17/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	392
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	392

**Total Residents Diagnosed as
Mentally Ill**

392

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	390	399	397	399	392	-2	0	0	Total Admissions 2012	1248
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	1249
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	392
Sheltered Care	0	0	0	0	0	0			Identified Offenders	223
TOTAL BEDS	390	399	397	399	392	-2	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	645	0.0%	2368	0.0%	139461	0	0	0	142474	100.1%	97.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	645	0.0%	2368	0.0%	139461	0	0	0	142474	100.1%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	155	45	0	0	0	0	0	0	155	45	200
45 to 59	109	30	0	0	0	0	0	0	109	30	139
60 to 64	20	10	0	0	0	0	0	0	20	10	30
65 to 74	16	2	0	0	0	0	0	0	16	2	18
75 to 84	5	0	0	0	0	0	0	0	5	0	5
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	305	87	0	0	0	0	0	0	305	87	392

ELGIN MENTAL HEALTH CENTER

750 SOUTH STATE STREET

ELGIN, IL. 60123

Reference Numbers Facility ID 8000005

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	392	0	0	0	392
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	392	0	0	0	392

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	671
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	1	0	0	0	1
Black	169	0	0	0	169
Hawaiian/Pac. Isl.	0	0	0	0	0
White	211	0	0	0	211
Race Unknown	1	0	0	0	1
Total	392	0	0	0	392

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	57	0	0	0	57
Non-Hispanic	334	0	0	0	334
Ethnicity Unknown	1	0	0	0	1
Total	392	0	0	0	392

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	28.90
Physicians	24.85
Director of Nursing	3.00
Registered Nurses	106.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	313.50
Non-Health Staff	165.80
Totals	642.05

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.3%	2.6%	95.9%	0.0%	0.2%	100.0%		0.0%
780,000	1,588,900	57,825,300	0	117,000	60,311,200	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE
CHICAGO, IL. 60634

Reference Numbers

Facility ID 8000003
Health Service Area 006
Planning Service Area 602

Administrator

Ellen Otomo

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/11/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	101
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

**Total Residents Diagnosed as
Mentally Ill**

101

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	130	110	110	110	101	29	0	0	Total Admissions 2012	1029
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	1036
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	101
Sheltered Care	0	0	0	0	0	0			Identified Offenders	12
TOTAL BEDS	130	110	110	110	101	29	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	149	0.0%	57	0.0%	34620	0	3590	0	38416	81.0%	95.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	149	0.0%	57	0.0%	34620	0	3590	0	38416	81.0%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	44	14	0	0	0	0	0	0	44	14	58
45 to 59	20	8	0	0	0	0	0	0	20	8	28
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	6	1	0	0	0	0	0	0	6	1	7
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	75	26	0	0	0	0	0	0	75	26	101

CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE

CHICAGO, IL. 60634

Reference Numbers Facility ID 8000003

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	19	1	0	63	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	19	1	0	63	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	671
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pac. Isl.	35	0	0	0	35
White	3	0	0	0	3
Race Unknown	19	0	0	0	19
Total	101	0	0	0	101

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	3	0	0	0	3
Total	101	0	0	0	101

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	12.00
Director of Nursing	1.00
Registered Nurses	57.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	85.00
Non-Health Staff	76.00
Totals	248.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.8%	0.5%	97.9%	0.0%	0.8%	100.0%		0.0%
198,800	129,100	24,856,100	0	209,400	25,393,400	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

CHESTER MENTAL HEALTH CENTER

POST OFFICE BOX 31
CHESTER, IL. 62233

Reference Numbers

Facility ID 8000002
Health Service Area 005
Planning Service Area 157

Administrator

Brian Thomas

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/8/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	241
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	241

**Total Residents Diagnosed as
Mentally Ill**

241

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND
DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	302	245	245	245	241	61	0	0	Total Admissions 2012	241
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	242
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	241
Sheltered Care	0	0	0	0	0	0			Identified Offenders	148
TOTAL BEDS	302	245	245	245	241	61	0	0		

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	640	0.0%	1833	0.0%	74412	0	10388	0	87273	79.2%	97.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	640	0.0%	1833	0.0%	74412	0	10388	0	87273	79.2%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	143	0	0	0	0	0	0	0	143	0	143
45 to 59	85	0	0	0	0	0	0	0	85	0	85
60 to 64	7	0	0	0	0	0	0	0	7	0	7
65 to 74	6	0	0	0	0	0	0	0	6	0	6
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	241	0	0	0	0	0	0	0	241	0	241

CHESTER MENTAL HEALTH CENTER

POST OFFICE BOX 31

CHESTER, IL. 62233

Reference Numbers Facility ID 8000002

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	14	178	0	26	241
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	23	14	178	0	26	241

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	679	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	140	0	0	0	140
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	18	0	0	0	18
Total	241	0	0	0	241

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	223	0	0	0	223
Ethnicity Unknown	0	0	0	0	0
Total	241	0	0	0	241

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	4.82
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	9.00
Certified Aides	0.00
Other Health Staff	246.00
Non-Health Staff	87.00
Totals	399.82

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.9%	2.0%	96.2%	0.0%	0.9%	100.0%		0.0%
303,900	700,500	33,137,400	0	303,500	34,445,300	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

ALTON MENTAL HEALTH CENTER

4500 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers

Facility ID 8000001
Health Service Area 011
Planning Service Area 119

Administrator

Anita Bazile-Sawyer

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/10/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	121
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 121

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	125	125	124	125	121	4	0	0	Total Admissions 2012	124
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	128
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	131
Sheltered Care	0	0	0	0	0	0			Identified Offenders	121
TOTAL BEDS	125	125	124	125	121	4	0	0		0

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Set Up
Nursing Care	10380	0.0%	32	0.0%	32756	0	438	0	43606	95.6%	95.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10380	0.0%	32	0.0%	32756	0	438	0	43606	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	65	16	0	0	0	0	0	0	65	16	81
45 to 59	23	7	0	0	0	0	0	0	23	7	30
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	94	27	0	0	0	0	0	0	94	27	121

ALTON MENTAL HEALTH CENTER

4500 COLLEGE AVENUE

ALTON, IL. 62002

Reference Numbers Facility ID 8000001

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	121	0	0	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	121	0	0	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	48	0	0	0	48
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	5	0	0	0	5
Total	121	0	0	0	121

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.80
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	106.00
Non-Health Staff	55.00
Totals	206.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.5%	0.5%	96.8%	0.0%	0.2%	100.0%		0.0%
552,500	107,400	21,095,200	0	34,000	21,789,100	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.

CHOATE MENTAL HEALTH CENTER

1000 MAIN STREET
ANNA, IL. 62906

Reference Numbers

Facility ID 8000004
Health Service Area 005
Planning Service Area 181

Administrator

Donna Murray

Contact Person and Telephone

MICHAEL S. PELLETIER
847-894-9877

Date Completed 4/10/2013

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer's Disease	0
Mental Illness	69
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	10
TOTALS	79

Total Residents Diagnosed as Mentally Ill 69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**ADMISSIONS AND DISCHARGES - 2012**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2012	
Nursing Care	79	83	83	79	79	0	0	0	Total Admissions 2012	65
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2012	385
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2012	371
Sheltered Care	0	0	0	0	0	0			Identified Offenders	79
TOTAL BEDS	79	83	83	79	79	0	0	0		0

FACILITY UTILIZATION - 2012**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	3239	0.0%	3827	0.0%	20563	0	0	0	27629	95.8%	91.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3239	0.0%	3827	0.0%	20563	0	0	0	27629	95.8%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	32	11	0	0	0	0	0	0	32	11	43
45 to 59	13	10	0	0	0	0	0	0	13	10	23
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	51	28	0	0	0	0	0	0	51	28	79

CHOATE MENTAL HEALTH CENTER

1000 MAIN STREET

ANNA, IL. 62906

Reference Numbers Facility ID 8000004

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	7	27	0	0	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	7	27	0	0	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	671
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.00
Physicians	3.10
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	64.00
Non-Health Staff	22.00
Totals	120.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.2%	4.3%	88.9%	0.0%	0.6%	100.0%		0.0%
2,420,800	1,683,500	34,803,100	0	235,500	39,142,900	0	

*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.